

▶ DEMOLITION PERMIT APPLICATION ◀

Municipality

County

Tax Parcel I.D.

Date rcvd stamp here

Location of Property where demolition is taking place: (Complete Street City Zip)

BRIEFLY DESCRIBE WHAT IS TO BE DEMOLISHED – You must include Site Plan Requirements as noted in Section 4 below

1. BUILDING/STRUCTURE OWNER'S INFORMATION

First Name

Mi.

Last Name

Phone No:

Street Address

City

State

Zip

2. DEMOLITION CONTRACTOR INFORMATION

First Name

Mi.

Last Name

Phone No:

Street Address

City

State

Zip

3. UTILITIES

Demolition may not begin until all utilities have been terminated. The owner must ensure that all utilities have been properly terminated. Upon completion of the demolition, all debris shall be removed from the premises and the cellar filled and graded to level.

Gas Service has been terminated: yes no Sign & date: _____

Electric Service has been terminated: yes no Sign & date: _____

Water/Sewer Service has been terminated: yes no Sign & date: _____

4. SITE PLAN REQUIREMENTS

Two copies of a site plan showing the proposed demolition must accompany the application. Each plan must detail:

- Size and location of all buildings or structures to be demolished, distances to property lines and distances to sidewalks, pavement and curbs where they abut property lines.
- Size and location of any existing buildings or structures that will remain on the site.
- Area to be filled to existing grade and seeded or to be fenced and otherwise protected in anticipation of new construction.
- If applicable, location dimension and construction details for pedestrian protections required in section 3306 of the *International Building Code*.

5. APPLICANT INFORMATION

I certify that I am the owner of record, or that I have been authorized by the owner of record to submit this application and that the work described has been authorized by the owner of record, and I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Codes governing this project.

Print Full Name

Phone (Cell and/or Land line)

Email Address

Complete Mailing Address:

Street/P.O. Box

City

State

Zip

APPLICANT SIGNATURE: _____ DATE: ____/____/____

ATTACH ADDITIONAL SHEETS AS NEEDED TO COMPLY WITH SITE PLAN REQUIREMENTS – see #4 above